**Form 707** State Form # 50219 (6-01)



## Joint Application for Sale and Transfer of **Permanent Authority**

			(	Certificate or Permit Number
Pı	urchaser Information			
a.	Purchaser's Name (include	de DBA, if appropriate)		
b.	Street Address			
c.	City, State, Zip			
d.	Telephone	County		_
e.	Principal Place of Busin	ness in Indiana (if other than abo	ove):	
		`	,	
-	(Street Address)	(City)	(State)	(Zip)
_	(County)	-		
- f.	•	hip Corporation	Individual	
f.	Check One: Partners  If purchaser is a partner	rship, give the name and address	of each member there	of; if purchaser is a
g.	Check One: Partners  If purchaser is a partner corporation, give the na	rship, give the name and address ame, title, and address of each pr	of each member therec	•
g.	Check One: Partners  If purchaser is a partner	rship, give the name and address ame, title, and address of each pr	of each member therec	•
g. N	Check One: Partners  If purchaser is a partner corporation, give the na	rship, give the name and address ame, title, and address of each pr	of each member therec	
g. N	Check One: Partners  If purchaser is a partner corporation, give the na ame	rship, give the name and address ame, title, and address of each pr	of each member therec	
g. N	Check One: Partners  If purchaser is a partner corporation, give the name ameame	rship, give the name and address ame, title, and address of each pr  Address  Address	of each member thereceincipal officer.	

	i.	List the name of each sha	reholder and the num	ber of shares held by each shareholder:			
		Name		Number of Shares			
$\vdash$							
L							
,	j.	List all other Motor Carrier Companies which hold Indiana Intrastate Authority in which each shareholder has an interest. Provide the Indiana Intrastate Certificate or Permit numbers held by these companies.					
		Motor Carı	ier Company	Certificate or Permit No.	_		
					╛		
	k.	If currently operating unc	ler an Indiana Certific	eate or Permit, provide the number:	<del></del>		
		Certificate Number		Permit Number			
•	G 1						
2.	Seller Information						
	a.	Seller's Name (include DBA, if appropriate)					
	b.	Street Address_					
	0						
	c.	City, State, Zip					
	d.	Telephone		County	_		
	e.	Principal Place of Busine	ss in Indiana (if other	than above):			
		(Street Address)	(City)	(State)	(Zip)		
		(County)	<del></del>				
	f.	Check One: Partnershi	p Corporatio	on Individual			
	g.	give the name, title, and a			a corporation,		
	Naı	me	Address				
	NT~ :	<b></b> .	A ddmass				
	mai	me	Address				
	Naı	me	Address				

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h. If	seller is a	corporation, provide the	ne State and the date of	incorporation.	
		(State)		(Date of Incorporation)	
Last ye	ar annual 1	report was filed with I	ndiana Secretary of Stat	e:	
	st all India ttach Copi	•	Certificate or Permit N	Jumbers which the sell	er will be retaining.
j. Is	the seller o	currently in bankruptcy	y?	l No	
If	Yes, indica	ate cause number, date	of filing and in what co	ourt filed:	
	-	eholder, partner or ow h has filed bankruptcy	rner of seller ever been a	a shareholder, partner of If Yes, complete the	
Name of SI Partner, o	nareholder, or Owner	Motor Carrier	Date of Bankruptcy Petition	Cause No. of Bankruptcy Petition	Court filed in
			rastate Authority?		, what happened to the
		-	as and adequate service		r Permit now pending
support oreof:	of this app	lication, the purchaser	submits the following e	exhibits, attached heret	o and made part
khibit A	liab	0 1	rchaser's financial statu application, and a copy		
xhibit B	- A co	ertificate from the Sec	retary of State of Indian purchaser is a non-resid	<u> </u>	s registered to do
	corp	poration).	from the Secretary of St		
khibit C		opy of the certificate o Department.	or permit being transferr	ed including the scope	of authority granted b
xhibit D		*	nkruptcy, a copy of the I	Bankruptcy Petition.	

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(Certificate or Permit)		and issue a _	(Certificate or Permit)
to the purchaser authorizing the operation	tion of motor vel	nicles as a(Co	carrier over the
public highways of the State of Indian	a upon the route	and between the p	points and serving the cities and towns
as authorized by the above numbered	(Certificate or Per	mit)	
(Signature of Attorney or Representative or	Purchaser)		(Signature of Purchaser)
(Print Name of Attorney or Representa	ative)		(Print Name of Purchaser)
(Address)			
(Telephone Number)			
STATE OF)			
STATE OF) SS: COUNTY OF)			
day of	 _		(Signature) Notary Public
	-		(Printed Name)
County of Residence:	My	Commission Expires	
County of Residence:(Signature of Attorney or Representative of Se		_	(Printed Name)
	ller)	_	(Printed Name)
(Signature of Attorney or Representative of Se	ller)	_	(Printed Name)
(Signature of Attorney or Representative of Se	ller)	_	(Printed Name)
(Signature of Attorney or Representative of Se  (Print Name of Attorney or Representative)  (Address)  (Telephone Number)	ller)	_	(Printed Name)
(Signature of Attorney or Representative of Se  (Print Name of Attorney or Representative)  (Address)	ller)	_	(Printed Name)
(Signature of Attorney or Representative of Se  (Print Name of Attorney or Representative)  (Address)  (Telephone Number)  STATE OF	oath, says that the fa	_ County, State of Inc	(Printed Name)  (Signature of Seller)  (Print Name of Seller)
(Signature of Attorney or Representative of Se  (Print Name of Attorney or Representative)  (Address)  (Telephone Number)  STATE OF	oath, says that the fa	_ County, State of Inc	(Printed Name)  (Signature of Seller)  (Print Name of Seller)

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## Instructions for Joint Application for Sale and Transfer of Certificate or Permit

Please read these instructions carefully before completing the application.

The application for sale and transfer of a certificate or permit <u>must be typewritten</u>. The original and one (1) copy of the application must be filed.

A corporation must be represented by an attorney under the requirements of I.C. 34-9-1-1.

Each line of the application must be completed. If a line is not applicable to you or your company, you should type "N/A" in the space provided for the answer.

In order for the application to be processed by the Department, you <u>must</u> include the following with your application:

- 1. A filing fee of fifty dollars (\$50.00); make checks payable to the Indiana Department of Revenue;
- 2. A publication fee of twenty dollars (\$20.00).

Before a certificate or permit will be issued by the department, I.C. 8-2.1-22-15 requires that a public hearing be held at which you will be required to show the responsibility of the person obtaining or seeking to obtain ownership or control of any certificate or permit or part thereof; his readiness, ability, and willingness to perform the service proposed; and whether the proposed service, to the extent authorized by the certificate or permit, is or will be consistent with the public interest and the state transportation policy declared by law.

If no protests are filed to your application, the hearing will be summary in nature pursuant to 45 IAC 16-1.5-12(c).

If you have any questions regarding this application, please contact the Department at:

Indiana Department of Revenue Motor Carrier Services Insurance and Safety Unit 5252 Decatur Blvd., Ste. R Indianapolis, Indiana 46241

or call (317) 615-7290

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